

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

33556

8428

FILED OCT 8 1952

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>		4505	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>8580 Everett Ave.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>WILLIAM</b>		b. (Middle) <b>WEISS</b>		c. (Last)	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>		8. DATE OF BIRTH <b>December-1891</b>	
9. AGE (In years last birthday) <b>60</b>		10. UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant</b>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <b>Samuel Weiss</b>		13b. MOTHER'S MAIDEN NAME <b>Jennie Goldman</b>	
13c. NAME OF HUSBAND OR WIFE <b>Byrde Weiss</b>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		15. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Wm. Weiss-8580 Everett Ave.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma head of pancreas</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? <b>157X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Aug 1, 1952, to Sept. 8, 1952, that I last saw the deceased alive on Sept 8, 1952, and that death occurred at 3:30 AM., from the causes and on the date stated above.			
23a. SIGNATURE <b>H. J. Gedeon</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>634 No Grand St.</b>		23c. DATE SIGNED <b>9/8/52</b>	
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9/10/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo</b>	
DATE REC'D BY LOCAL REG. <b>SEP 8 1952</b>		REGISTRAR'S SIGNATURE <b>G. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. J. ...</b>		ADDRESS <b>...</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3691

P. O. Address Poland High Wy

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.